IN THE UNITED STATES PATENT AND TRADEMARK OFFICE In re application of: DALGETTY et al. Attorney Docket No.: XENOP008/PXE-037.US Application No.: 10/081,040 Examiner: DIXON, Annette Fredricka Filed: February 20, 2002 Art Unit: 3771 Title: MULTIPLE OUTPUT ANESTHESIA **SYSTEM** Confirmation No.: 8481 CERTIFICATE OF EFS-WEB TRANSMISSION I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on September 2, 2008. Lora Choi Abanador REQUEST FOR CONTINUED EXAMINATION (RCE) (37 CFR §1.114) Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 This is a Request for Continued Examination (RCE) of the above-identified application. Submission required under 37 C.F.R. §1.114: Previously submitted a. i. Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on . . (Any unentered amendment referred to above will be entered.) Consider the arguments in the Appeal Brief or Reply Brief previously filed on ii. Other . iii. b. \bowtie **Enclosed** Amendment/Reply i. Affidavit/Declaration ii. Information Disclosure Statement with Form PTO-1449 iii.

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Copies of IDS Citations

Other _____.

1.

iv.

2. **Fees**: (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

3.

| | Claims After Amendment | | Highest Previously Paid For | Present Extra | Large Entity Rate Fee | |
|--------------------------|------------------------|-------|-----------------------------------|------------------|--------------------------|--|
| Total Claims | 35 | MINUS | 46 | 0 | x 50 = | |
| Independent Claims | 9 | MINUS | 11 | 0 | x 210 = | |
| Multiple Dependent Clain | \$0.00 | | | | | |
| Fee for Request for Con | \$810.00 | | | | | |
| | | | | TOTAL | \$810.00 | |
| SMALL ENTITY 50% | | | | | | |

| | a. | Applicant hereby petitions for a month extension of time. | | | | | | | |
|-------------|---|--|--|--|--|--|--|--|--|
| \boxtimes | b. | Applicant believes that no (additional) extension of time is required; however, if it is | | | | | | | |
| | | determined that such an extension is required, Applicant hereby petitions that such an | | | | | | | |
| | extension be granted and authorizes the Director to charge the required fees for an | | | | | | | | |
| | extension of time under 37 CFR §1.136 to Deposit Account No. 50-4481. | | | | | | | | |
| | c. | Enclosed is our Check No. in the amount of \$ to cover the RCE fee, | | | | | | | |
| | | extension of time and additional fees. | | | | | | | |
| \boxtimes | d. | e Director is authorized to charge the required fees and any fees beyond the amount | | | | | | | |
| | enclosed which may be required, or to credit any overpayment, to Deposit Account No | | | | | | | | |
| | | 50-4481 (Order No. XENOP008). | | | | | | | |
| | ъ. | | | | | | | | |
| \bowtie | Please continue to send correspondence to the following address: | | | | | | | | |
| | Customer Number 58766 | | | | | | | | |

| Date: September 2, 2008 | /Adrienne Yeung/ | |
|-------------------------|------------------|--|
| _ | Adrienne Yeung | |

Registration No. 44,000

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